

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
*09/924 824*

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2			1			
3						
4			1			
5			1			
6			1			
7			1			
8			1			
9			1			
10			1			
11			1			
12			1			
13			1			
14						
15						
16						
17						
18			1			
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26			1			
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44						
45						
46						
47						
48						
49						
50						
TOTAL IND.			3			
TOTAL DEP.			11			
TOTAL CLAIMS			14			

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
51								
52								
53								
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100								
TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								